OFFICE OF SENATOR JOHN WARNER APPLICATION FOR THE SENATE PAGE PROGRAM

SECTION I - Please comp	olete the following	:		
Full Name:				
Address:				
Home Phone:				
Cell Phone:				
Email Address:				
Social Security Number:				
Date of Birth:				
High School:				
Graduation Date:				
Current GPA:				
Please mark the semester you are applying for:				
FALL	SPRING	SUMMER		
PLEASE SEND THE FOL	LOWING ALONG \	VITH YOUR APPLICATION:		
1 - A copy of your resum	е			
2 - Certified copy of scho	ool transcripts			

3 - 2 recommendations

OFFICE OF SENATOR JOHN WARNER APPLICATION FOR INTERNSHIP Page 2

SECTION II - Please complete the following:

List any honors or awards you have received. Continue of the following question: Continue of the follow	and/or college.	
TION III - In approximately 250 words, please tell us about yourself by ering the following question: Why do you want to serve as a Senate Page and what do you hope to gain		
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